

Corporate Compliance Report

Audit & Compliance Committee of the Board of Directors

September 19, 2019



COOK COUNTY
HEALTH

Meeting Objectives

Review

- Cook County Health as a Provider of Health Care Services
 - County Fiscal Year-to-Date (F-YTD) 2019 Provider Metrics (Q 1-2-3)
 - Q4 Project: Auditing & Monitoring Code Assignment
- CountyCare Medicaid Health Plan Special Investigation Unit (SIU)
 - Focus Area: SIU Activity
 - State Fiscal Year (S-FY) 2019 SIU Metrics

Metrics

Cook County Health as a Provider of Care



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Key Components of a Compliance Program

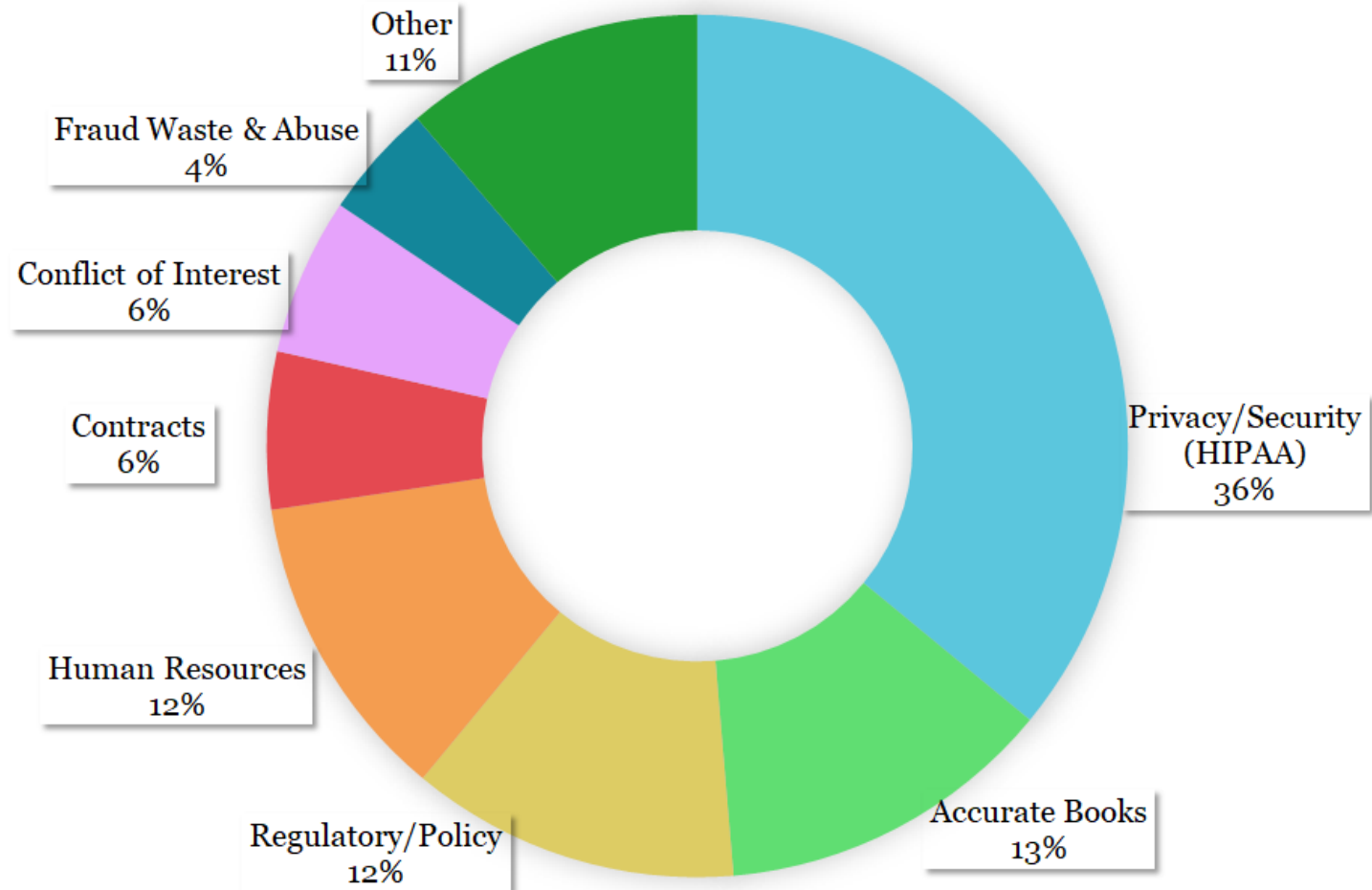
Seven Essential Elements of Compliance¹

- 1: Written policies and procedures
- 2: A designated corporate compliance officer and compliance committee
- 3: Effective training and education
- 4: **Open lines of communication**
- 5: Enforcement through well-publicized disciplinary guidelines
- 6: Auditing and monitoring
- 7: Corrective action plans

¹ Compliance Program elements are cited within the Patient Protection and Affordable Care Act of 2010 (PPACA) Sections 6401 in addition to Sections 6102 and OIG guidance materials

F-YTD 2019 Contacts by Category

CCH as a Provider of Care – Dec 2018 through Aug 2019



Categories	
Privacy/Security (HIPAA)	201
Accurate Books	71
Regulatory/Policy	69
Human Resources	65
Contracts	33
Conflict of Interest	33
Fraud Waste & Abuse	24
Other	63
	559 ²

² Of the reactive contacts, 21% were validated/substantiated.

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6: **Auditing and monitoring**

- 7: Corrective action plans

FY 2019 Auditing and Monitoring Project

Developed from Industry Standards & Internal Activity

Areas of Focus: Medical Records Coding

SOURCE	OIG ³ Work Plan FY 2018+FY 2019	AHIMA ⁴ Web-site	HCCA ⁵ Data	CCH Historical Public Data	CCH Internal Input
INPATIENT					
DRG 313 – Chest Pain	✓	✓	✓	✓	✓
DRG 690 - Kidney and Urinary Tract Infection w/o Major Complication Comorbidity	✓	✓	✓	✓	✓
OUTPATIENT					
Cardiac Catheterizations	✓	✓	✓	✓	✓
Dermatology Visits and Procedures	✓	✓	✓	✓	✓

³ OIG refers to the US Department of Health and Human Services Office of Inspector General

⁴ AHIMA refers to the American Health Information Management Association, a nationally recognized professional association for Health Information Management professionals

⁵ HCCA refers to the Health Care Compliance Association, a national organization for healthcare compliance professionals

FY 2019 External Coding Audit Project

Inpatient Coding

Reviewing 25 Records/Claims for facility and professional-fee coding in 2 Diagnosis Related Groups (DRG) Categories:

- DRG 313 - Chest Pain
 - High Frequency DRG
 - May indicate lost opportunity (not capturing more specific diagnosis(es))
 - Validate if compliant with the admission criteria.
- DRG 690 – Kidney and Urinary Tract Infections W/O Major Complication Comorbidity (MCC)
 - High Frequency DRG
 - May indicate lost opportunity (not capturing MCC)
 - May indicate documentation improvement needed.

FY 2019 External Coding Audit Project

Outpatient Coding

Probe sample of 25 Records/Claims for facility and professional-fee coding in 2 Outpatient Areas:

- Cardiac Catheterizations
 - Complex Coding where Add-on procedures can be under or over coded
 - Supplies and other services not captured correctly
- Dermatology
 - High Volume of visits and procedures
 - May indicate lost opportunity for capturing all services/procedures based on documentation and coding

Questions?



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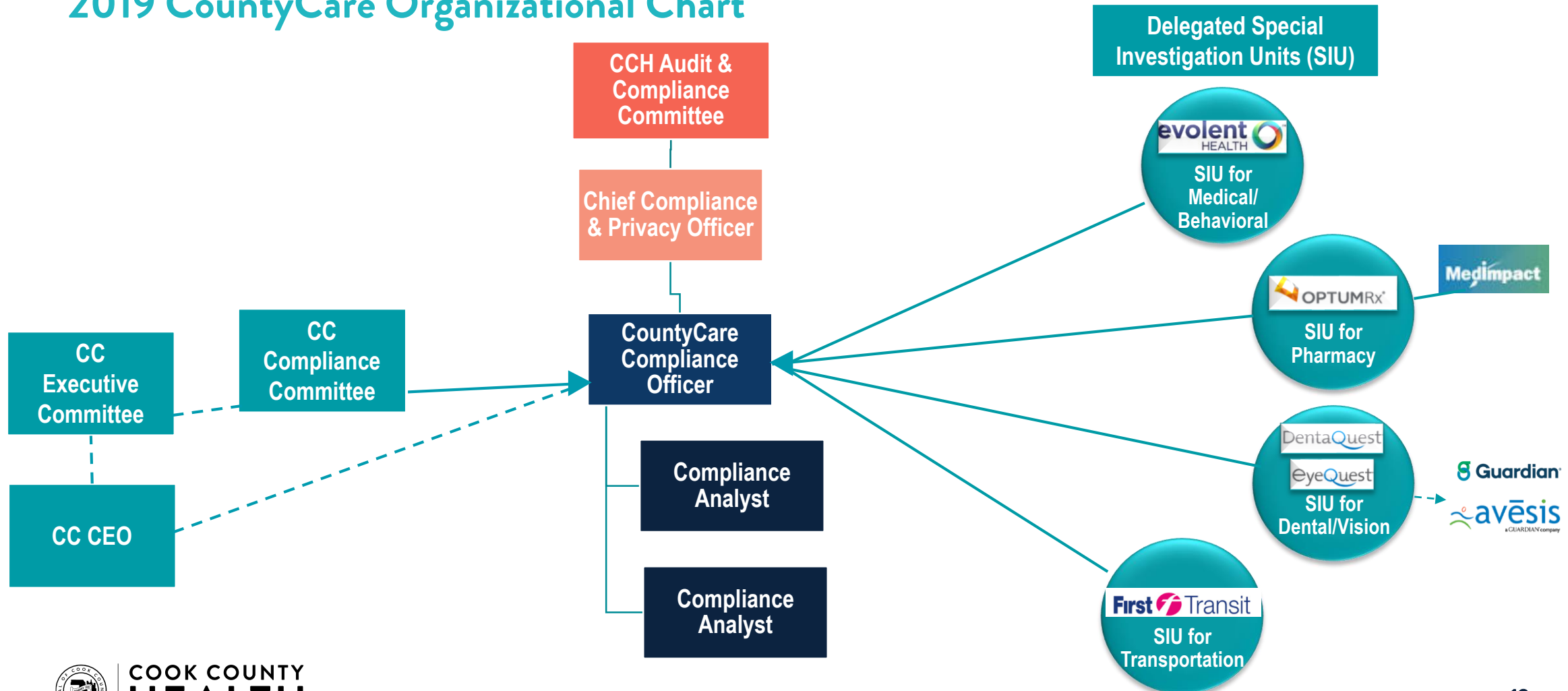
Medicaid Health Plan Special Investigation Units (SIU)



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CountyCare Compliance Structure

2019 CountyCare Organizational Chart



Special Investigation Unit (SIU) Activity

State Fiscal Year 2019 (July 1, 2018 – June 30, 2019)

Number of Tips ¹	Number of Investigations ²	Number of Audits ³	Amount of Overpayments Collected ⁴
237	170	26,424	\$ 1,986,699.41

- ¹ Tips Incidents of suspected FWA by a provider or member; not vetted
- ² Investigations Any tip that has monetary exposure; provider or member specific
- ³ Audits Claim lines implicated by data mining or algorithms;
Data mining/algorithms are trend specific, not provider specific
- ⁴ Overpayments Collected Money actually recouped and in the bank; small amount may be paid back to the provider on a corrected claim

Investigations vs. Audits

Examples

Investigations	Audits
Provider upcoding Evaluation & Management codes	Granulocyte-colony stimulating factor (G-CSF), with Chemotherapy
Transportation provider billing for trips not performed	Date Span Code Frequency
Dentist billing for services provided by non-credentialed providers	Multiple Surgery Reduction (100/50/25/25)
Home care provider billing for services not rendered	Preventative Medicine with E&M Code

Questions?



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